ANNEX A

CERTIFICATION

I, **VICTORIA V. GAZO**, hereby certify that the SALNs herewith submitted electronically are faithful reproductions of the original SALNs of the officials and employees of the **Department of Education, Division of Malaybalay City**, as listed in the attached summary report of the Division personnel teaching, non-teaching and related teaching.

**VICTORIA V. GAZO, PhD, CESO V**

Schools Division Superintendent

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this \_\_\_day of \_\_\_, 2021, affiant exhibiting his competent evidence of identity, to wit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ATTY. WINCERBOGNE L. PESISANO**

Administering Officer

ANNEX B

CERTIFICATION

The following shall compose the Review and Compliance Committee of this Office, in compliance with the requirements in the submission of the Statement of Assets, Liabilities and Networth in the year 2020.

- Chairperson

- Member

- Member

- Member

This certification is being issued for whatever legal purpose it may serve.

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Head

ANNEX C

CERTIFICATION

This is to certify that the SALNs submitted/included in the Summary List of Filers were reviewed and found compliant by the Review and Compliance Committee of this Office.

Further, the review was made in accordance with the review and compliance procedure in filling and submission of SALNs pursuant to CSC Memorandum Circular No. 10, series of 2006(as amended by CSC Resolution No. 1300455 promulgated on March 04, 2013).

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member

ANNEX D

CERTIFICATION

This is to certify that the following officials/employees of this Office have FAILED to submit their Statement of Assets, Liabilities and Net Worth and Disclosure of Business Interest and Financial Connections for the year 2020 as required under Section 8 of the Republic Act. No. 6713 as implemented by Memorandum Circular issued by the Office of the Ombudsman on June 21, 1995.

|  |  |  |
| --- | --- | --- |
| Name of Official/Employee (in Alphabetical Order) | Designation/Position | Remarks |
| **NONE** |  |  |

This certification is being issued for whatever legal purpose it may serve.

**DepEd Malaybalay City / Date\_\_\_\_\_\_\_.**

Place and Date of Issuance

**ALIENA S. DAJAY, PhD., CESE**

Assistant Schools Division Superintendent

SUBSCRIBED AND SWORN TO before me this \_\_\_day of \_\_\_\_\_\_\_\_\_\_\_,2021 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**VICTORIA V. GAZO, PhD, CESO V**

Schools Division Superintendent

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| **ANNEX E**  **Summary Lists of Fillers** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statement of Assets, Liabilities and Net Worth | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **No.** | **NAME OF EMPLOYEE (In alphabetical Order)** | | | | | **TIN** | | | **POSITION** | | | **NET WORTH** | | | **If Spouse with government service PLEASE INDICATE NAME OF SPOUSE/EMPLOYER/ADDRESS** | | | | | | | | **Please Check (if Joint Filling)** | | | |
| **SURNAME** | **FIRST NAME** | | **MIDDLE NAME** | |
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|  | Total Number of Filers: | |  | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |
|  | Total Number of Personnel Complement: | | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |
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| Prepared by: | |  | | Certified true and correct: | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |
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|  |  | | |  | | **GUIA MA. G. VILLAHERMOSA** | | | | | | | | |  | |  | |  | | | | | | | | | |
|  |  | | |  | | Administrative Officer IV | | | | | | | | |  | |  | | School Head | | | | | | | | | |
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|  |  |  | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |
| Email Address: | |  | |  | | [Personnel.depedmalaybalay@gmail.com](mailto:Personnel.depedmalaybalay@gmail.com) | | | | | | | | |  | | | |  |  | | | | |
| Contact #: | |  | |  | | 088-314-0094 | | | | | | | | |  | | | |  |  | | | | |
| Date: | |  | |  | |  | | |  | | |  | | |  | | | |  |  | | | | |